24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 1 OF 3 FOR SE OF FORM 24/48
	C IDENTIFICATION NUMBER ▼
New Prosperity Foundation; The	C00488494
Check If 24-hour report X 48-hour report New report Amends report filed on	W / D = D / Y = Y = Y
Full Name (Last, First, Middle Initial) of Payee	
XPS Professional Services	
Mailing Address 220 E Adams St	01 2012
Suite 200 Amount	
City State Zip Code Sprinafield IL 62701	42209.76
Transaction	on ID : SE.4739
Purpose of Expenditure Voter Contact Mail Category/ Type Office Sought:	House State: IL Senate District: 08
Name of Federal Candidate Supported or Opposed by Expenditure:	President
L. TAMMY DUCKWORTH Check One:	Support
Calendar Year-To-Date Per Election for Office Sought 171993.49 Disbursement F	For: Primary General (specify)
Full Name (Last, First, Middle Initial) of Payee Date	
XPS Professional Services	
Mailing Address 220 E Adams St	01 2012
Suite 200 Amount	
City State Zip Code	29084.07
	on ID : SE.4740
Purpose of Expenditure Voter Contact Mail Category/ Type Office Sought:	House State: IL Senate District: 10
Name of Federal Candidate Supported or Opposed by Expenditure:	President
BRADLEY SCOTT SCHNEIDER Check One:	Support X Oppose
Calendar Year-To-Date Per Election for Office Sought Disbursement F 2012 Other	For: Primary General (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	71293.83
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	71171171
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
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Signature	